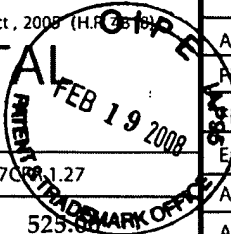


JRW

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 6519)**FEE TRANSMITTAL**
For FY 2008

Complete if Known

Application Number	10/539,082
Filing Date	December 16, 2005
First Named Inventor	James M. Swanson
Examiner Name	Jeanine Anne Goldberg
Art Unit	1634
Attorney Docket No.	121-000910US

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 525.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Other: Request for Extension of Time for 3 Months

Other: _____

Other: _____

Other: _____

Other: _____

Fees Paid (\$)

525.00

SUBMITTED BY

Signature

*Jonathan Alan Quine*Registration No.
(Attorney/Agent)

41,261

Telephone

Name (Print/Type)

Jonathan Alan Quine

Date February 14, 2008

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
121-000910US



In re Application of James M. Swanson, et al.

Application Number: 10/539,082

December 16, 2005

For REAGENTS AND METHODS FOR DIAGNOSIS OF ATTENTION DEFICIT HYPERACTIVITY DISORDER

Group Art Unit 1634

Examiner Jeanine Anne Goldberg

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$120
- ☐ Two months (37 CFR 1.17(a)(2)) \$460
- ☒ Three months (37 CFR 1.17(a)(3)) \$1050
- ☐ Four months (37 CFR 1.17(a)(4)) \$1640
- ☐ Five months (37 CFR 1.17(a)(5)) \$2230
- ☒ Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 525.00.

A small entity statement under 37 CFR 1.27:

- ☐ is enclosed.
- ☐ has already been filed in this application.

- ☐ A check in the amount of the fee is enclosed.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment, to Deposit Account Number 50-0893 ..

- I am the ☐ assignee of record of the entire interest.
- ☐ applicant.
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a). _____

February 14, 2008
Date

Signature

Jonathan Alan Quine, 41,261
Typed or printed name and Reg. No.

02/19/2008 SSITHIBI 00000070 500033 10553082

01 FC-2253

JES.vv ih

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on the date below:

Typed or
Printed Name

Deborah Barragan

Signature

Date

February 14, 2008: